

Supplemental Application Data Sheet

Application Information

Application number::	Not Yet Assigned
Filing Date::	04/15/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PAYMENT PROCESSING METHOD AND SYSTEM USING A PEER-TO-PEER NETWORK
Attorney Docket Number::	VHSE-P01-003
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	K.
Family Name::	Howard
City of Residence::	Somerville
State or Province of Residence::	MA
Country of Residence::	US

Street of mailing address:: 83 Bristol
City of mailing address:: Somerville
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02144

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Nigeria
Status:: Full Capacity
Given Name:: Olumfemi
Family Name:: Omojola
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 50 Harbor Point Boulevard, Apt #509
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02125

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Family Name:: Fallon
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 16 Woodhaven Drive
City of mailing address:: Andover
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01810

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,078	04/15/03

Assignee Information

Assignee name:: VehicleSense, Inc.
625 Massachusetts Avenue, Suite #5
P.O. Box 391380
Cambridge, MA 02139